

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF: MCC-10J

Mindy Gould, SulTRAC Program Manager SulTRAC JV 1 South Wacker Drive, Suite 3700 Chicago, IL 60606

C.	L.	oct.

Contract Number:

EP-S5-06-02

Work Assignment Number:

198-RDRD-053J, Rev. 008

Dear Ms. Gould:

Enclosed you will find one copy of a work assignment form for the above referenced work assignment. Please acknowledge receipt and acceptance of this work assignment revision by signing and returning a copy of this letter.

If you have any questions or need more information regarding this matter, please feel free to contact me at (312) 886-5826.

Sincerely,

Daniel Olsson Contracting Officer

**Enclosures** 

Acknowledgement and Acceptance:	
Name	
Title	
Date	

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United States Environmental Pr								Work Assignment Number 198-RDRD-053J			
EPA				gton, DC 20460		Ī	F7		ree l		
			Work As	ssignment			X Other X Amendment Number:			ent Number:	
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Contract Number   Contract Period 06/29/2006 To 06/28/2017					2017	Title of Work	Assignm	nent/SF Site Name	е		
EP-S5-06-02 Base Option Period Number 1						USS Lae	d				
Contractor				I	Section and par	ragraph of Con	tract SOW				
Purpose: Work Assignment Work Assignment Close-Out						Period of Performance					
X Work Assignment Amendment Incremental Funding											
	Work Plan	Approval					From 06	5/20/2	2014 ™ 06,	/28/2017	
Comments:	.,,										
			as a COR from					_			
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Supe	rfund ,		Acc	ounting and Approp	priations Data				Х	Non-Superfund	
SFO R	<del></del>	Note:	To report additional ac	counting and appropria	ations date use E	EPA Form 1900	)-69A.		<del></del>		
(Max 2)											
ற DCN	Budget/FY	Appropriation	Budget Org/Code	Program Element	Object Class	Amount (Do	ollars) (	(Cents)	Site/Project	Cost	
o DCN (Max 6)	(Max 4)	Code (Max 6)	(Max 7)	(Max 9)	(Max 4)	`			(Max 8)	Org/Code	
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Cumulative Approx		,		2,113,201.0			19,093				
Work Assignment Manager Name Thomas Alcamo							Branch/Mail Code:  Phone Number: 312-886-7278				
(Signature)							Thomas trained.				
(Signature) (Date)						FAX Number:					
2 81,111					ļ	nch/Mail Coo		886-6707			
(Signature) (Date)						····		592-2982			
Other Agency Offi		nna Plumb		JBC1)	·/		number: nch/Mail Cod		.J. 2.J.O.C		
						-	ne Number:		-353-1612		
	(Signa	ture)		(Date			ne Number: Number:	∪±Z-	222 TOTS		
Contracting Official	<del></del>	iel Ol <b>y</b> son		(Date	1 /		nch/Mail Cod				
9	2h	1 () [		d	1116				886 1423		
(Signature) (Date)						Phone Number: 312 886 1423  FAX Number:					
	raigria	194197									

SEPA NOMINATION OF THE CONTRACTING OFFICER'S REPRESENTATIVE	E (COR)
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Submit this form to the cognizant contracting will respond to this nomination, in writing, the for being a COR, reference EPA Federal Actions of the contraction of the cognizant contraction will be contracted as the cognizant contraction of the cogniza	o both the nominee and	d the nomi	nee's immediate supervisor.	For additional infor	mation on the requirements		
la. Name of Nominee			Series, and Grade				
Thomas Alcamo			lial Project Manager, GS				
c. Mailing Address:			nization/Office: U.S. EPA	Region 5/Supe	rfund		
			e. Phone Number: (312) 886-7278				
City, State & Zip Code:			f. E-mail Address alcamo.thomas@epa.gov				
Chicago, IL 60604	acumo.momas@opa.gov						
2. This COR nomination is for FAC-CO	<del></del>						
COR Type	FAC-COR Leve	el I	FAC-COR Level I	I FA	C-COR Level III		
Contract Level COR	· · · · · · · · · · · · · · · · · · ·						
Delivery Order COR					· · · · · · · · · · · · · · · · · · ·		
Work Assignment COR			X				
Task Order COR			<u> </u>				
la cor							
Simplified Acquisition COR Foreign Contract COR	· · · · · · · · · · · · · · · · · · ·				······································		
Alternate COR							
Anemate Cor							
Other (Specify):							
3. Certification and Experience							
	Certification for lev	vel 2 a	ittached (Y/N) N				
b. Experience (if applicable): In an a				escribe the COR n	ominee's experience in		
performing acquisition related duties ar	nd technical experien	ice. FAC	-COR Functional Experien	nce Transcript atta	ched (Y/N)		
4. Contract Number: ED \$5-06-01-8	EP-S5-06-02						
5. The individual nominated will have su	ficient time to perfor	m COR d	uties, is technically proficies	nt, and has complet	ted all required training. I		
understand that appointment of the nom-	inee will require a sig	nificant a	mount of time and effort in	order to properly e	execute his/her COR		
duties. By nominating this individual, I co							
responsibilities. If there is a need to remo		reason, I v	will notify the contracting of	incer immediately.			
5a. Name of Nominee's Immediate Su	pervisor	30. 31	gnature of Nominee's Imm USU BLAKE	rediate Supervisor			
Leslie Blake		アリ	and peut				
		Sc. Dat	te 7/27/14 5	5d. Phone Number	3-7921		
6. I understand that my eligibility to be a	COR is dependent or	n adequat	ely performing my COR du	ties, following ethic	cal standards of conduct		
for employees of the Executive Branch, and maintaining training as prescribed in this policy. If any of these conditions are not met, I may be							
removed as the COR from this contract.	_	ıy COR d	uties. In the event I am unat	ble to continue perf	forming my COR duties, I		
will contact the contracting officer imme If applicable: I have filed the Office of G	diately. overnment Ethics Eco	450 C	antidential Cinencial Denom	t with the econizer	at deputy Ethine official		
1.	over Bineit Lines Fa		·	t, with the cognizar	in deputy extites official.		
6a. Signature of Nominee			6b. Date				
1 Khalle			7-27-11	6			
Contracting Officer's Use Only							
1 approve of the above nominated	COR for FAC-COR	level 🗐					
I deny approval of the above nom	inated COR for FAG	-CYNR 1#	vel Reason				
	ing highly high regard to recognize the second	n i kristorian galdi Ligita kananan		~1/1			
	ezlő lvinar		Signature XX	<i>y</i>	Date 7/28/6		
EPA Form 1900-65 (Rev.09-13)	) All previous editions	of this for	m are obsolete. Electronic and	1 Paper Copies Acce	eprable.		